

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000011

Facility Name: Victory Centre Park Forest

Address: 101 Main Street Park Forest 60466

Number City Zip Code

County: Cook

Telephone Number: (708) 283-2921 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 3/19/2002

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input checked="" type="checkbox"/>	Other		Limited Partnership

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda Telephone Number: (847) - 282- 6300

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2021 to 12/31/2021 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) (Date)

(Print Name and Title) Steven N. Lavenda, CPA Partner

(Firm Name & Address) Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015

(Telephone) (847) 282-6300 Fax (847) 282-6301

MAIL TO: BUREAU OF HEALTH FINANCE
IL DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	67	Single Unit Apartment	67	24,455	1
2	12	Double Unit Apartment	12	4,380	2
3		Other			3
4	79	TOTALS	79	28,835	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	21,419	260		21,679	5
6	Double Unit	1,794			1,794	6
7	Other					7
8	TOTALS	23,213	260		23,473	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.40%

D. Indicate the number of paid bed-hold days the SLF had during this year

493 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 745 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/21 Fiscal Year: 12/31/21

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?

Yes If yes, did the facility make all of the required payments of interest and principal? Yes
If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding?

No If yes, did the facility make all of the required payments of interest and principal? N/A
If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?

No If yes, did the facility make all of the required payments of interest and principal? N/A
If no, explain. N/A

STATE OF ILLINOIS

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Facility Name: Victory Centre Park Forest

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	256,048	129,218	2,764	388,030		388,030	1
2	Housekeeping, Laundry and Maintenance	133,642	46,792	154,930	335,364	9,140	344,504	2
3	Heat and Other Utilities			103,639	103,639	(69)	103,570	3
4	Other (specify):							4
5	TOTAL General Services	389,690	176,010	261,333	827,033	9,071	836,104	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	487,769	15,999	52,902	556,670	6,471	563,141	6
7	Activities and Social Services	40,878	5,205	14,335	60,418	(2,411)	58,007	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	528,647	21,204	67,237	617,088	4,060	621,148	9
	C. General Administration							
10	Administrative and Clerical	189,887	9,507	514,135	713,529	(164,032)	549,497	10
11	Marketing Materials, Promotions and Advertising	96,433	888	50,361	147,682	15,064	162,746	11
12	Employee Benefits and Payroll Taxes			237,909	237,909		237,909	12
13	Insurance-Property, Liability and Malpractice			152,859	152,859	2,916	155,775	13
14	Other (specify):					21,040	21,040	14
15	TOTAL General Administration	286,320	10,395	955,264	1,251,979	(125,011)	1,126,968	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,204,657	207,609	1,283,834	2,696,100	(111,879)	2,584,221	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			293,510	293,510	32,525	326,035	17
18	Interest			195,884	195,884	(571)	195,313	18
19	Real Estate Taxes			366,557	366,557		366,557	19
20	Rent -- Facility and Grounds			2,812	2,812	10,628	13,440	20
21	Rent -- Equipment			13,670	13,670		13,670	21
22	Other (specify):			25,888	25,888		25,888	22
23	TOTAL Ownership			898,321	898,321	42,581	940,902	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,204,657	207,609	2,182,155	3,594,421	(69,297)	3,525,124	24

STATE OF ILLINOIS

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Victory Centre Park Forest

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	26,470	17
2	Maintenance Fees	(410)	02
3	Additional R&M	7,897	02
4	Pet Care	(2,405)	07
5	Late Fees	(9)	10
6	Interest Income	(571)	18
7	Other Income	(6,392)	10
8	Meals & Entertainment	(435)	10
9	Bank Service Charges	(7,545)	10
10	Resident Gifts	(730)	10
11	Cable TV	(163)	03
12	Management Fees	(192,947)	10
13	Asset Management Fee	(5,000)	10
14	Capitalized R&M	(2,815)	02
15	Community Life Income	(1,724)	07
16	Resident Reimbursables	(530)	10
17	Bad Debt	(73,499)	10
18			18
19	Pathway Management Allocation:		19
20	Maintenance	4,468	2
21	Utilities	95	3
22	Health Care / Personal Care	6,471	6
23	Community Life	1,718	7
24	Administrative	123,056	10
25	Marketing	15,064	11
26	Insurance	2,916	13
27	Employee Benefits	21,040	14
28	Depreciation	6,054	17
29	Rent - Building	10,628	20
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
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95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(69,297)	101

Facility Name: Victory Centre Park Forest

Report Period Beginning 1/1/2021 Ending: 12/31/2021

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.97	\$ 23.09	1
2	Licensed Practical Nurses	1.56	25.70	2
3	Certified Nurse Assistants	10.36	16.60	3
4	Activity Director & Assistants			4
5	Social Service Workers	1.01	19.54	5
6	Head Cook			6
7	Cook Helpers/Assistants	7.43	16.56	7
8	Dishwashers			8
9	Maintenance Workers	1.68	20.08	9
10	Housekeepers	2.24	13.63	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.83	23.83	13
14	Clerical			14
15	Marketing	1.55	29.86	15
16	Other			16
17	Total (lines 1 thru 16)	30.63	\$ 18.91	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name 1	City 2
See Attached	

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
See Attached		

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐ NO ☒

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☒ NO ☐

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Jerry Finis	0.001415%	0.67	\$ 3,144	1
2					2
3					3
4					4
5					5
Total				\$ 3144	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

Facility Name: Victory Centre Park Forest

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 146,208 Year land was acquired 2002

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	79		2002	2002	\$ 7,210,303	\$ 293,510	28	\$ 257,511	\$ (35,999)	\$ 5,087,758	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				384,991		20	19,249	19,249	93,358	6
7	Various			2002	323,939		20	16,196	16,196	323,939	7
8	Various			2003	6,687		20	335	335	6,354	8
9	Various			2006	13,049		20	652	652	10,439	9
10	Various			2007	1,495		20	75	75	1,122	10
11	Various			2008	23,522		20	1,177	1,177	15,464	11
12	Various			2009	149,414		20	7,472	7,472	97,122	12
13	Various			2010	1,130		20	57	57	680	13
14	Various			2011	27,495		20	1,374	1,374	15,120	14
15	Various			2012	5,006		20	251	251	2,755	15
16	Various			2013	6,263		20	313	313	2,818	16
17	TOTAL (lines 1 thru 16)				\$ 8,153,294	\$ 299,564		\$ 304,662	\$ 11,152	\$ 5,656,929	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 679,903	\$	\$ 15,318	15,318		\$ 624,997	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 679,903	\$	\$ 15,318	15,318		\$ 624,997	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Victory Centre Park Forest

#

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Phone System	2014	\$ 3,100	\$ 299,564	20	\$ 155	\$ (299,409)	\$ 1,240	1
2	Phone System	2014	3,099		20	155	155	1,240	2
3	Common Area Carpeting	2015	73,896		20	3,695	3,695	25,864	3
4	It-Communications	2015	19,887		20	994	994	11,932	4
5	Pull Cord System	2015	24,680		20	1,234	1,234	8,638	5
6	Pull Cord System	2015	6,510		20	326	326	2,278	6
7	Phone System	2015	20,199		20	1,010	1,010	7,070	7
8	Pull Cord System	2015	33,325		20	1,666	1,666	11,663	8
9	Repair Heating Element	2015	2,655		20	133	133	930	9
10	Motor Blower For A/C	2015	2,952		20	148	148	1,034	10
11	Elevator Repair	2016	2,512		20	126	126	756	11
12	New Steamer Hookup- Main Water Line	2017	4,676		20	234	234	1,169	12
13	Patching, Priming, Painting- Slf Building- Hallways/Common Area	2017	6,000		20	300	300	1,500	13
14	Pull Cords, Pendants, Transmitters	2017	6,482		20	324	324	1,620	14
15	Repair Leak In Walk In Cooler	2018	2,595		20	130	130	520	15
16	Water Damage Repairs - Unit 330, 138	2019	5,769		20	288	288	864	16
17	Light Fixture Upgrade	2019	3,750		20	188	188	564	17
18	Water Damage Repairs	2019	4,174		20	209	209	627	18
19	New Furnace - Unit 318	2019	5,345		20	267	267	801	19
20	Heat Exchangers	2019	9,118		20	456	456	1,368	20
21	Gate Valve Install	2019	4,600		20	230	230	690	21
22	A/C Units X 2	2019	3,245		20	162	162	486	22
23	Sprinkler Replacement	2019	2,866		20	143	143	429	23
24	Repaired Leak In Attic	2019	2,932		20	147	147	441	24
25	Paint Apts-138,125,205,223,324,215,311	2019	3,925		20	196	196	588	25
26	Install Carpet-Apt 306,232,134,330	2019	4,340		20	217	217	651	26
27	Install Carpet-Apt 209	2019	4,424		20	221	221	663	27
28	Install Carpet-Apt 322,220,309	2019	2,749		20	137	137	411	28
29	Install Carpet-Apt 125,205	2019	3,362		20	168	168	504	29
30	Furnish And Install Door & Operator	2020	9,960		20	498	498	996	30
31	Furnish And Install New Compressor	2020	4,075		20	204	204	408	31
32	Water Pump, Brass Pump	2020	3,028		20	151	151	302	32
33	Wireless Pull Cords, Universal Transmitter & Pendant Programm	2020	4,349		20	217	217	434	33
34	TOTAL (lines 1 thru 33)		\$ 294,579	\$ 299,564		\$ 14,729	\$ (284,835)	\$ 88,681	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Kitchen Hot Water Repair	2020	\$ 3,147	\$ 299,564	20	\$ 157	\$ (299,407)	\$ 314	1
2	Roof Repair (Net Of Insurance Reimb)	2021	45,665		20	2,283	2,283	2,283	2
3	Replace Kitchen Grease Inceptor	2021	10,526		20	526	526	526	3
4	Furnished & Installed New (2) Ton A/C Chassis	2021	4,085		20	204	204	204	4
5	Electronic Panel Replacement	2021	2,883		20	144	144	144	5
6	Replace Copper Pipes	2021	4,300		20	215	215	215	6
7	Door Repair	2021	6,055		20	303	303	303	7
8	Replaced Hot And Cold Ball Valves Unit 325	2021	2,888		20	144	144	144	8
9	Installed New Pump, Seal, And Gasket	2021	3,033		20	152	152	152	9
10	Faucet Replacements	2021	5,015		20	251	251	251	10
11	Elevator Repair	2021	2,815		20	141	141	141	11
12									12
13									13
14									14
15									15
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 90,412	\$ 299,564		\$ 4,520	\$ (295,044)	\$ 4,677	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2									2
3									3
4									4
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Victory Centre Park Forest

Report Period Beginning: 1/1/2021 Ending: 12/31/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Storage Rental			/ /	2,812			5
6	Allocated from Pathway			/ /	10,628			6
7	TOTAL				\$ 13,440			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 13,670

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Orix Real Estate		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 4,386,151	4/1/42	4.1300	178,791	1
2	Interest - Other							/ /		17,093	2
3	IHDA		X	3rd Mortgage	11/4/02	500,000	122,933	8/1/42	1.0000		3
	Working Capital										
4	Pathway Development	X		Loan	/ /		402,197	/ /	Prime+ 1%		4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,000,000	\$ 4,911,281			\$ 195,884	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-571	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,000,000	\$ 4,911,281			\$ 195,313	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

STATE OF ILLINOIS

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Facility Name: Victory Centre Park Forest

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 187,127	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	950,006		3
4	Supply Inventory (priced at)	9,045		4
5	Short-Term Investments			5
6	Prepaid Insurance	6,999		6
7	Other Prepaid Expenses	22,660		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	529,827		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,705,664	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,208		13
14	Buildings, at Historical Cost	7,255,968		14
15	Leasehold Improvements, at Historical Cost	583,632		15
16	Equipment, at Historical Cost	1,042,574		16
17	Accumulated Depreciation (book methods)	(6,557,702)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	50,448		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,521,128	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,226,792	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,096	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	103,850		30
31	Accrued Taxes Payable	272,109		31
32	Accrued Interest Payable	382,703		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	286,567		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,100,325	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,911,281		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	217,160		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,128,441	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,228,766	\$	45
46	TOTAL EQUITY	\$ (2,001,974)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,226,792	\$	47

*(See instructions.)

Facility Name: Victory Centre Park Forest

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,998,552	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,998,552	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	226,238	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 226,238	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	571	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 571	14
	D. Other Revenue (specify):		
15	See Attached	90,267	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 90,267	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,315,628	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	827,033	19
20	Health Care/ Personal Care	617,088	20
21	General Administration	1,251,979	21
	B. Capital Expense		
22	Ownership	898,321	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,594,421	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (278,793)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (278,793)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,940,653	32
33	Private Pay - Net Inpatient Revenue	57,899	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,998,552	37